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THE CONTAGIOUSNESS OF CHOLERA.

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MR. PRESIDENT AND GENTLEMEN,—I purpose to consider to-day, as well as I can in the brief space I feel at liberty to occupy, the subject of *the Contagiousness of Cholera.* It is almost unnecessary to say in this presence, that the doctrine of the contagiousness of cholera has, of late, found a very considerable number of adherents (some of them ardent and able), and that the examples, or the arguments, of these enthusiastic, but as some of us believe mistaken advocates, have been sufficiently influential to give to it such a degree of credit or currency that, to a certain extent, it may be said to have become *fashionable.* It has, at the same time, been quite distinctly announced, by some of the advocates of this novel and hurtful doctrine of contagion, that all those who, in the absence of what they deemed to be good and sufficient evidence of its truth, declined to give it their adhesion and adopt it as their profession of faith, had fallen behind the progressive and scientific spirit of the age; and that, standing as they were on the quicksands of a blind unbelief, they, and their antiquated theories, must soon be swept away by the advancing tides of a more enlightened literature.

Among these unbelievers, after having, as I think, carefully taken such observations as have enabled me to estimate "the situation," and its difficulties and perils as well as its inherent solidity and strength, I must confess that I am, for one, quite content to stand.

I do not, of course, on this occasion, intend at all to enter upon a general discussion—for that is obviously impossible—but simply to make such suggestions as I hope may induce those who are still in *doubt* on so important a subject to examine for themselves the abundant evidence relating to it which is now accessible to the profession; and, if possible, to induce those who have adopted a belief which very many of the best men in this and other countries, most thoroughly acquainted with cholera, believe to be an error, and founded on insufficient reasoning and unproven premises to revise their opinions.

In order that there should be no misunderstanding in a case like the present, it is only right that the terms used should be exactly and clearly expressed. What, then, is "contagion"? It is defined by one of our best lexicographers* as "the communication of disease from one person to another by contact, direct or indirect; infection."

Dunglison says that the terms "contagion and infection are generally deemed synonymous." Such, however, I do not understand to be the generally received opinion in the profession. Contagion is best defined to be "that quality of disease by which it is capable of being communicated from one person to another by *actual contact*, or which may be caught by a *near approach*." *Infection* is that quality of disease by which it is capable of being transmitted, by *fomites*, or by means of clothing, rags, wool, &c., to long distances from the bodies of the sick, and which poisonous influences may be retained in them for a very considerable length of time. In *contagion*, the presence of the *person* is necessary, while in infection it is not.

Some contagious diseases, such as smallpox, are also infectious; others, such as parotitis and pertussis, are not. But infectious diseases, on the other hand, are not always contagious; yellow fever being a notable example.

The earlier advocates of the contagious properties of cholera did not hesitate honestly to use the word itself in the sense in which it is here explained, adding sometimes, also, a credence in its *infectious* qualities; but this plainness of speech, for some reason, has more recently fallen into disuse, and the more flexible words "communicable" and "communicability" are its substitutes. These were more generally applicable, and less easily brought within the well-defined limits assigned to the words "contagion," "contagiousness," "infection," &c., and may be made to convey, as might be convenient, a great variety of meanings; thus, for instance, an epidemic which prevailed successively in various places on great routes of travel, was said to have been "*communicated*," notwithstanding the fact that it often happened that the densely populated villages radiating from infected cities, and even *intermediate cities*, frequently escaped. By some, the disease was said to be communicable through the *respiration;* by others, through the *digestive organs*, and each experimenter—for many experiments were made by injecting the veins, the air-passages, and the stomachs of dogs by fluids from patients affected with cholera—proving his own theories, and, at the same time, effectually disproving the opposite theories of his rivals.

But, in the face of the astounding fact related of "Dr. Foy and ten others, at Warsaw, who *inoculated* themselves with the blood of cholera patients, tasted their dejections, and inhaled their breath, without receiving the disease," we may safely say that the experiments of Drs. Snow and Pettenkofer only prove, what everybody knew before, that drinking of dirty water and breathing of a foul air would be the most likely means to produce cholera, in a choleraic season, in those who were thus exposed.

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* Webster, 4to, loc. cit.

The most remarkable position, however, now taken with pretty general unanimity is, that in whatever mode the *materies morbi* finds its way into the body, the most efficient cause is found in the choleraic dejections themselves. On this they are agreed; but they say, when confronted with all the facts which abound everywhere, of constant and continuous exposure, and especially with such as that related of Dr. Foy, "that the dejections themselves are not poisonous *until they have become by time and exposure partially decomposed" !* One would imagine—if all these disagreeable conditions must be complied with in order that cholera should be communicated, and when coupled with the other aphorism (which some have promulgated) that "no new cases originate unless from some other case"—it would spontaneously die out and disappear! But such facts fade into insignificance when we consider, as well stated by a distinguished surgeon of the East India Company, "1, That the great numbers attacked *simultaneously*, and who had previously had *no* intercourse with the sick, cannot be accounted for except by supposing the disease to be *simply epidemic;* and, 2, The general exemption from the disease of medical and other attendants on cholera cases."

In the opinion that Asiatic cholera is non-contagious we have the almost unanimous concurrence of the East India surgeons, who always see it. We have also the often deliberately expressed judgment of the General Board of Health of Great Britain. In this connection, the resolution passed by the Westminster Medical Society (a most competent body) is worth quoting. Dr. Granville moving, and Dr. James Johnson seconding the resolution, it was, after the preamble stating the time, &c., devoted to the consideration of the subject, passed in the following words:—"In the opinion of the Society, the evidence brought forward to prove the said malady to be a contagious disease has signally failed; and that *every circumstance* which has come to the knowledge of the Society shows the disease to have begun, progressed, and ended in the ordinary way of every epidemic disorder."

This opinion is confirmed and repeated by the experience of the epidemic of 1854. Dr. Sutherland, one of the Board, says:—"*I look upon the evidence of the non-contagious character of cholera to be perfectly conclusive.*"

The physicians at Moscow and St. Petersburgh generally subscribe to the same opinion. Of that of the Consulting Physicians of this city I need not speak, as it is well known.

Dr. Jacob Bigelow, for many years one of the Consulting Board, and whose opinion will, I know, have with you the great weight which should be accorded to the wisest of us all, writes as follows, and the extract contains within itself a whole volume of wisdom:—"No country, I believe, has succeeded in keeping out cholera by quarantine, and no country, as far as we know, can produce it artificially, or retain it after the predisposition has disappeared. In its own time it moves on thoroughfares where men are travelling, and spreads in cities where they are stationary, *for no better reason known* than that mankind are its necessary food, and that where there are no people there can be no cholera. But why of two frequented roads or cities it selects one and avoids the other, investigators have not yet been able to satisfy us."

In the uncontradicted statements that cases of cholera have occasionally occurred at the South all winter—in its late fatal loiterings here the last season—in the simultaneous announcements to-day of cases on the Mississippi, in London, and at Paris, we may see the foreshadowing of the pestilence, which, at these distant outposts of observation, gives us the necessary timely warning. It seems to be, then, peculiarly appropriate that we should now turn our attention to this doctrine, because a belief in the doctrine of contagion will do much towards retrograding us to the obsolete systems of quarantine.

When the members of the medical profession, as a body, and with them most heartily many non-medical sanitarians, have been making the most strenuous and energetic efforts to mitigate the costliness and hardships of quarantine, this unnecessary recurrence to the idea of contagion of course goes far to encourage the restoration of an evil we have all along been so anxiously striving to be rid of; and to prevent us from reducing it to the milder forms in which it would only be likely to exist under the requirements of modern sanitary law.

By whom has this retrograde movement been inaugurated and promoted? As in all the former history of sanitary cordons, and of rigid and useless quarantines, in times past; very much by the prejudices of non-professional functionaries—who, only taking counsel of their fears, or, perhaps, misled by their interests, have used official power ignorantly or mischievously.

Consular agents and secretaries of state, as such, know nothing of sanitary laws; and they take unwarrantable liberties in professional matters when they undertake to advise for or against quarantines.

To conclude, in the words of the distinguished East India surgeon whom I have already quoted, "It is by *both* houses conceded that *if* cholera *is contagious*, the most rigid quarantines that sagacity and experience can devise, and firmness enforce, are imperatively demanded for the protection of populations; and, that if, on the other hand, it *is not* contagious, such quarantines are not only useless but infinitely pernicious, by their tendency to plunge in extreme misery the hundreds of families and thousands of individuals who are dependent upon the commerce they suddenly blockade, and the labor they suddenly discharge; and so to encourage those conditions which most potently invite the disease, while, at the same time, they frighten off the humaner agencies which alone can prevent, conquer, or mitigate it; therefore, we prefer to take this question sharply by the throat, and to declare our positive conclusion, deliberately reached, through careful examination and comparison of all the evidence brought forward on both sides, as well as from unusual opportunities in the very laboratories and hot-beds of this atmospheric poison, that not a single case—well attested, and clearly, completely demonstrated—of cholera transmitted by *contact alone* with the *person, clothing, excretions* or *effluvia* of *another case, has ever yet been cited*; and this we say in the full knowledge of all the *quasi* 'facts and proofs' elaborated by the glorious minority of contagionists, whose doctrine manifestly tends, first, to make victims, and then, to leave them prostrate and unbefriended—for *panic nurses cholera*, and THE DOCTRINE OF CONTAGION PATRONIZES PANIC."

CONTRIBUTIONS TO DERMATOLOGY.

[Continued from page 503.]

RUPIA.

THIS cutaneous affection is directly *germain* to ecthyma. By some writers it is viewed as simply a variety of it. Whatever shade of opinion may prevail upon the subject, it seems evident, as we study the two maladies, that there is a very intimate pathological alliance between them. In addition, however, to what has been offered with regard to ecthyma, there are a few points which merit consideration as exclusively pertinent to *rupia*, of which there are two varieties—rupia *simplex* and rupia *prominens*—according to the severity of the disease and the form and thickness of the crust. The simplest form of the eruption commences by the development of a bulla or tubercle, which varies in size, and is filled with a nearly transparent, serous fluid, which very soon loses its hyaline character by being mixed with sanious or purulent matter. This concretes and hardens into a thick, dark-brown and rough crust, resembling that of ecthyma of the severer form, and remains adherent to the derma for an indefinite period, unless removed by artificial means. When the incrustation is cast off, a foul and sometimes quite a deep ulcer is brought to view. In young children, the legs, arms, and the scalp are the situations usually occupied by the eruption. At this period of life it produces severe constitutional disturbance, and is associated in most cases with an extremely bad condition of the system. It sometimes appears after an attack of scarlet fever or typhus fever, or other exhausting diseases. These produce what is termed a cachectic state of the economy, and under these circumstances the patient becomes an easy prey to the ravages of the rupial affection. There is in some cases only one single specimen, as upon the nose, or the chin, or about the knee-joint. But in most instances, the eruption appears in clusters and in successive crops, and which cover a space varying from a few lines to an inch in diameter; and in some cases the crusts enclose an area of several inches in diameter. They are circular in form, and, when the ulcerated surface beneath them is exposed, it appears as if cut or scooped with a punch, and a dark-red zone encircles the sore.

The period of time during which the tubercle continues before suppuration takes place, varies in different cases. Sometimes it occurs in a few days; at other times it is delayed to several weeks or even months, as if the morbid process during all this interval was suspended or at rest. It is seldom that much pain is experienced from them, or that the periosteum or bone is affected, unless the ulcer is situated where the integument is thin, as upon the scalp or the front of the tibia. The character of the ulcers differs somewhat according to the length of time they have been covered by the crusts. Sometimes they are shallow, with a smooth, shining surface; sometimes quite deep, with a slough at their base, and the ulcerative action works its way beneath the skin for quite a distance beyond the apparent limits of the sores. When the disease attacks the nose, it occasionally destroys a considerable portion of the alæ and adjacent parts, which are covered by the thick incrustations before the full extent of the mischief is scarcely suspected. When the crusts have been removed, the ulcerated surfaces are apt to bleed upon the slightest touch in dressing them, unless this is done in the most delicate manner.

The discharge is rarely pure pus, but an admixture of sero-sanguineous fluid, with more or less purulent matter. In very mild cases, the ulcers have been known to heal in a few days, but this is the exception to the general rule. New incrustations are formed every few weeks by the drying up of the secretion upon the surface of the ulcer; and thus a succession of crusts is kept up for a long time. These crusts are thicker in the middle than at the circumference, and, when large, they have not inaptly been compared to an oyster-shell or limpet-shell. When the ulcers finally heal, they leave behind them a dark-brown stain or lividity of the skin, which remains for many months before it is entirely effaced.

Rupia Prominens derives its name from the fact that it projects out from the skin on which it is seated to a greater or less extent—varying from two or three lines to more than a whole inch, and the same in diameter. The eruption is developed upon the face, the trunk of the body, and the extremities. In a majority of subjects, the tubercles are few in number, but large; the secretion is usually abundant, thick and black; hence the crusts are particularly large, well-marked, conical, and prominent, as the name sufficiently indicates. They increase in size by the process of accretion, which takes place at the base, in consequence of the slow successive effusions of the bloody, sero-purulent matter which raises the cuticle and desiccates in concentric layers or rings; and thus the incrustation augments, both in circumference and length, so that the portion which was at first the base of the cone becomes at last its apex. The cone itself is hollow. The largest specimens, if left undisturbed, usually appear on the integument covering the side of the chin. They are deeply set and generally very adherent. There is always a delicate red erythematous band or areola encircling the margin of the ulcer. Sometimes the eruption is confined to one locality, as the forehead, the inner aspect of the knees, or the thighs immediately above the knees, the wrists, or about the elbow-joints. In other instances, and where the pyogenic diathesis has existed for a long period, these formations arise in great profusion, almost entirely covering the face, neck, arms and legs; and in one instance within our observation, all the joints of the thumb and fingers of both hands were occupied by them.

Where the general health of the patient is greatly impaired, as, for instance, from a long protracted duration of constitutional syphilis, it is no uncommon thing to find a series of these productions in every stage of their development—some at their maturity, some on the decline, and some just beginning to appear.

The *diagnosis* of rupia is rarely attended with any difficulty. It is true, as has already been seen, that it possesses many features in common with ecthyma, and this is the only cutaneous affection to which it sustains a very near resemblance. And as regards the treatment, no practical disadvantage can arise, whether the practitioner should consider a given case as an ecthyma or rupia.

We have seen, also, that the eruption now under review is produced by great constitutional debility, and that the chief cause of this debility, in a great majority of instances, is constitutional syphilis.

Treatment of Rupia.—In all forms and stages of the disease, the constitutional treatment is of the greatest importance. Debility is always a predominant symptom, and we may at once commence with tonics. In young subjects, the syrup of the iodide of iron, in doses adapted to the age of the patient, is appropriate; and the tincture of the chloride of iron, in syrup of ginger and water, the iodide of potassium, quinine, and cod-liver oil, will also be requisite as remedial agents in restoring the patient to a comfortable state of health. The advantages of nutritious food, warm clothing, good air, cleanliness, are not to be forgotten or omitted at any time during the administration of medicines.

With regard to local measures, the first thing to be accomplished is the removal of the scabs. Poultices, fomentations and warm alkaline baths will accomplish this; and the exposed ulcerated surfaces are at once to be dressed with stimulating applications. These may consist either of lotions or ointments. Of the former, the black wash, the yellow wash, a solution of the chlorate of potash of varied strength, a solution of the tartrate of iron and potassium, six or eight grains to the ounce of water, should be used. These are all stimulating in their action upon the indolent ulcers, and are suited to patients of any age. In some cases, where the diseased surface is very extensive and the foregoing applications fail to produce the desired improvement, the ulcer may be touched with either of the following lotions:—℞. Hydrarg. pernitratis, ʒ ss.; aquæ fontanæ, ℥ iij. M. To be applied lightly every day by means of a soft camel's-hair pencil. Or a saturated solution of the nitrate of potash may be used twice a day upon the most indolent sores, which may be covered afterwards with an ointment of the nitric oxide of mercury—one scruple to the ounce of simple cerate. No ointment is superior to this for general use. A slight sprinkling of pulverized chlorate of potash upon the ulcers every day for a few times will often bring forward healthy granulations. A like effect will also be produced by cream of tartar used in the same way.

The general and local treatment for adults is to be conducted, of course, on the same principles as for younger subjects; the only difference required being in the more energetic style or method as regards both constitutional and topical remedies.

[To be continued.]

Bibliographical Notices.

Plastics: a new Classification and a brief Exposition of Plastic Surgery. A re-print from a Report in the Transactions of the Illinois State Medical Society for 1867. By David Prince, M.D. Philadelphia: Lindsay & Blakiston. 1868. Pp. 93.

Although the title would seem to indicate that this volume covered the whole ground of plastic surgery, it makes no pretension of discussing many of the most important operations which belong to the subject, and even in the details of those treated of is far from being complete. Its pages present nothing which is novel, and the originality of the classification, to which the writer calls attention in his preface, is not apparent to us. It is hardly necessary, therefore, to occupy our space in pointing out the merits or demerits of this book. The operations which it describes belong to a class not characterized by circumstances of emergency, and not generally undertaken by any but professed surgeons. No surgical procedures exact or obtain more forethought and contemplation before performance; and the teachings of the essay in question are not possessed of a special significance which requires that the attention of surgeons should be more particularly called to them.

The Principles and Practice of Laryngoscopy and Rhinoscopy in Disease of the Throat and Nasal Passages. Designed for the use of Physicians and Students. By Antoine Ruppaner, M.D., M.A., &c. New York: A. Simpson & Co. 1868.

We have before us a book entitled "The Principles and Practice of Laryngoscopy and Rhinoscopy." It seems to be made up of matter communicated lately to the *New York Medical Journal,* put hastily into book-form, and is designed, as the author informs us in the preface, for the "busy practitioner and the inexperienced student."

The book consists of 150 pages of reading matter. Of these 150 pages, "The Principles and Practice of Rhinoscopy" have allotted to them the munificent sum of 11 pages. The author seems to have depended very much upon Türck and Mackenzie for his material in the part upon Rhinoscopy, altering the language of the latter, for reasons best known to himself. To give one example of several :—

Mackenzie, p. 155.	Ruppaner, p. 56–7.
"Though of comparatively limited and rather difficult application, the art of Rhinoscopy proves useful in cases of obstruction of the nasal passages by polypi or thickened mucous membrane, in that most troublesome affection ozœna, and in various forms of ulceration of the hard and soft parts at the back of the nose," &c.	"Though rather difficult of application and limited in extent, very valuable information may sometimes be obtained by rhinoscopy in cases of ozœna, the various forms of ulceration of the hard and soft parts at the back of the nose, in obstructions of the nasal passages by polypi or thickened mucous membrane," &c.

As far as our acquaintance with other treatises on laryngoscopy extends, the anatomy of the larynx has received careful consideration therein. But Dr. Ruppaner considers it "unnecessary to introduce the subject," except to a limited extent, because a description of the larynx, &c., can be found in works on anatomy. We accordingly find, devoted to the anatomy of this organ, two pages, one of which—page 33—is occupied with wood-cuts, and their explanations carelessly transcribed from Türck, while the other is made up of matter wrongly quoted from Gibb. In Chapter I., the author deprecates the controversy as to the claim of priority in the art of laryngoscopy, and immediately glides into the discussion of that very question, occupying therewith *five pages;* and this, when, in the Preface, he claims to have eschewed everything "not having a practical bearing upon the subject."

These are some of the faults in the general division of the book. In the portions devoted to instruction on special points, the faults are still more grave.

In Chapter II., Section I., we read that laryngeal mirrors vary in size, the choice depending upon the condition of the person to be examined. Are the mirrors one, two, or three inches in diameter? And what is the "condition" which modifies the choice? It is not intimated that the representation of mirrors in Figure I. are of natural size. On page 17, also, we are informed, with regard to the reflector, that it is of varying diameter. On page 20, in the description of Türck's reflector, which Prof. T. designed with an express view to its stability upon the forehead, Dr. Ruppaner says that the saddle, marked *d,* is intended to be placed "at the apex of the nose." Our readers can imagine the stability of an instrument placed in this position.

Türck himself says that this saddle is intended for the *root* of the nose (Nasenwurzel).

On page 23, we are told that the flame of the lamp is to be at a given distance behind the ear of the patient, when the reflector is 6½ inches in diameter. A reflector of this size is never used in laryngoscopy. It would cover the whole face of the observer. Türck recommends a reflector of 3½ inches, and Tobold one of about 3 inches. In connection with this point, Dr. Ruppaner says, that in proportion as the diameter of the reflector is increased, "the lamp must be moved further back"; so that a larger reflector is sometimes used! This latter statement with regard to the lamp, moreover, is entirely incorrect. It is the focal distance of the reflector, and not its diameter, which governs this matter. With regard to the proper focal distance of the reflector, not a word is said in the whole book. Dr Ruppaner possibly thinks that it "varies"; which, perhaps, cannot be denied.

Section II. is headed "DIRECT LARYNGOSCOPIC EXAMINATIONS," and the author commences at once to describe the method of examination by *indirect*, or reflected, artificial light; and in the entire section there is not a word about direct examination. Indeed, nowhere in the book is there more than a cursory allusion (on p. 15) to a method of examination preferred, by many laryngoscopists, to that by reflected light.

In this Section, p. 26, we are told that when reflected "artificial light is employed, it is stationed to the right, and somewhat in front of, the patient." On page 18, and again on page 23, we had been told that the lamp is to be placed *behind*, and on the right of, the patient.

On page 27, we read that "intensity of light is gained" by making the examination through the central perforation in the reflector. We had already been informed, on pp. 17–18, that the mirror placed before the eye did *not* yield superior results.

The representation, on p. 30, of the method of holding the laryngeal mirror, with the index finger held high in the air, suggests, vividly, the presence of a felon or *run-round* on that finger, preventing its being brought into use. In Türck, p. 52, and in Tobold, p. 19 (these two gentlemen Dr. Ruppaner claims as his preceptors), the index finger is represented as being in close proximity with the stem of the mirror.

On page 34, in transcribing from Gibb the order of the parts of the throat as seen in the mirror, Dr. Ruppaner makes the whole matter ridiculous by using the word "larynx" instead of "pharynx," as it appears in Gibb. Dr. R. also, following Gibb, calls the vocal cords the glottis. A few lines later, the glottis is called an "opening," while on p. 38 we read about the "surface of the glottis."

On the same page, the experimenter is advised to request the patient to pronounce the "German diphthong æ." It occurs to us that "the inexperienced student," for whom the book is designed, might not be acquainted with the proper pronunciation of this German diphthong.

On page 43, in describing the auto-laryngoscopic apparatus of Czermak, there occurs a bungling transcription of a passage in Gibb, already sufficiently obscure, by which the description is made absurd. The word "him," which, as it reads, refers to "the experimenter," should be *them*, referring to the "rays" of light. We need waste little comment on such faults; they are quite inexcusable, inasmuch as the student is liable to be led astray in the very commencement of his study.

Less pernicious, though no less noticeable, are the badly formed and obscure passages which are scattered all through the book. The author violates the common principles of the English language on nearly every page. His sentences are long and complicated, and bury up the original starting point, by involving new subjects and new nominatives. Occasionally, a sentence is commenced and then abruptly broken off, without being finished. Of this latter species of fault, examples may be found on page 3—"Although Bennati," &c.; and on page 49, first paragraph.

Long and dreary sentences, of 10, 12, 14 and 16 lines, without a full stop till their close, occur constantly. One of 18 lines, on page 81, commencing "The inhalation," is quite a literary curiosity. On page 18, also, is a long and badly formed sentence, in which the "sun" is referred to by a pronoun of the neuter gender once and by one of the masculine gender twice.

Examples of the bad choice of words, errors in orthography, in punctuation, &c., are seen everywhere through the book. On page 18, the author says that "sunlight can be supplied for this purpose" [laryngoscopy]; but he does not add where one may leave his orders. On page 33, the German word Rand is badly translated "extremity." On page 69, the author speaks of "a large, full-bellied squirrel's hair brush"; as if a brush from the hair of a squirrel which was not full-bellied would not answer the same purpose. On page 85, the word "vertical" is used where horizontal is meant. On 119 occurs the phrase, "This process of procedure." On page 135, the author speaks of singing "first single notes," whatever they may be. But we cannot find space even to point out the numerous faults of this kind. On page 10 we read:—"One and all, so many attempts to make the most simple, practical instrument complicated, they have failed." We are tempted to add—One and all, so many attempts to make the English language complicated, they have succeeded.

We must not forget to notice an assertion, on page 115, that "Prof. Türck's instruments are brought to the notice of the profession for the first time in this book, except in the original edition of Prof. T.'s work." This statement is, simply, *not true*. If our readers will turn to the files of the *Allgemeine Wiene Zeitung* for 1864, '65 and '66, they will find representations of these very instruments. In 1864, on page 154, is the porte-caustique; on page 254 is the reflector; on page 345, the sponge-carrier and the laryngeal pincers. Of the other instruments of Prof. T., a large majority, perhaps all, may be found in the files of 1865 on pp. 82 and 234, and in those of 1866 on pp. 82, 121 and 198.

We stop special criticism here for want of space, and not for want of opportunity.

For the purpose for which the book was designed, it bears very unfavorable comparison with Mackenzie's work on the same subject. It is, in its purely didactic portions, less a record of the author's experience than a compilation from other authors; both the translations and the transcriptions being, in various ways, faulty. This may serve to explain some of the author's contradictions. We are not, however, left without some modest information as to the amount of the author's experience, for on pp. 21 and 25 we learn that he has employed laryngoscopic instruments, daily, for a long time; on p. 35, that he has examined a very large number of cases for several years (two years, as appears on p. 61), and, on p. 40, that the patients he has examined number hundreds.

Finally, we advise "the inexperienced student and the busy practitioner" to possess themselves rather of Mackenzie's work, the American edition of which has been accessible for over three years. It is not true, therefore, as stated by Dr. Ruppaner in his preface, that a want of a treatise on laryngoscopy has long been felt.

The greater part of the wood-cuts in the book were furnished, as we learn from the preface, by Messrs. Otto & Reynders, instrument makers. Under these circumstances, therefore, it is natural that Dr. Ruppaner should "bear willing testimony" to the "ability" of this firm. ⁂

A Practical Treatise on Shock after Surgical Operations and Injuries, with special reference to Shock caused by Railway Accidents. By Edwin Morris, M.D., F.R.C.S., Surgeon to the Spalding Dispensary, &c. Philadelphia: J. B. Lippincott. 1868. Pp. 89.

Here we have a small volume which cannot be said to add to our knowledge of the subject on which it is written. Indeed, the author says that when he has studied shock further he hopes to treat of it more fully. It would appear as if, at the present time, the writer had had two special objects in view: the one to act as an advocate in behalf of railroads against those who claim damages for injuries to the nervous system produced by accidents; and the other to severely criticize Mr. Erichsen and his essay on "Railway and other Injuries of the Nervous System." The most interesting feature of Mr. Morris's book is the following remarkable statistics of the sums paid as compensation for personal injuries to passengers by the railway companies of Great Britain in 1865, and which certainly show that railway directors in this country have a much safer occupation than their English contemporaries, even if the same cannot be said of their travelling patrons:—Caledonian, £12,849; Great Eastern, £21,996; Great Northern, £22,387*; Great Western, £40,061; Lincolnshire and Yorkshire, £24,708; London and Northwestern, £30,728; London and Southwestern, £25,000*; London, Brighton, South Coast, £4,504; Manchester, Sheffield and Lincolnshire, £6,483; Midland, £25,958; Northeastern, £14,355*; North British, £4,621; Southeastern, £70,726.

(In those marked with an asterisk, the sum includes the amount paid for the damage and loss of goods.)

In a recent case of sudden death during a surgical operation in the City Hospital, Louisville, Ky., the verdict of the jury was that the patient died from the effects of chloroform administered for surgical purposes, and that no blame was to be attached to those who administered it.

Massachusetts General Hospital.

[Surgical Operations for the weeks ending January 11th and 18th. Reported by C. B. PORTER, M.D.]

1. *Ligature of External Iliac Artery.* By Dr. H. J. BIGELOW.—Patient, apparently a healthy man, without known cause, on the 10th of December experienced pain in the right groin, followed, on the 13th, by paralysis of sensation of the anterior of the leg to just above the patella. On the 20th, a small, pulsating tumor was discovered just below the groin. This was examined by several medical gentlemen, after which, as the patient states, the tumor suddenly and notably increased, becoming also painful. Upon entrance into the hospital, the tumor occupied the whole of Scarpa's triangle, rising, also, about an inch beneath Poupart's ligament into the cavity of the abdomen. At the time of entrance to hospital, the diseased thigh measured, a little below Poupart's ligament, 22 inches in circumference, the sound one measuring 16. At the date of the operation, five days later, it had increased two inches, measuring then 24, the tumor pulsating everywhere heavily. The iliac artery could be distinguished about one and a half inches above Poupart's ligament, emerging from the tumor, and larger than that of the other side. *Operation.*—An incision was made, about three inches long, about half an inch above Poupart's ligament, and extending beyond the crest of the ilium, in order to get beneath the peritoneum at a point well to the outside of the tumor. The integument and muscles being divided and the fat reached, the latter was torn up with the peritoneum as far as the track of the external iliac artery. As sometimes happens, the latter was raised with the peritoneum, and was therefore found upon the anterior wall of the cavity. A needle was passed round it, and it was tied with a single strand of saddler's silk. Some little difficulty was experienced in securing a vessel, apparently a vein, near the crest of the ilium, after which the wound was brought together by sutures.

2. *Amputation of Arm.* By Dr. S. CABOT.—This lad, aged 14, had, an hour before, had his arm caught between the bunters of steam-cars, and the forearm and arm, to the junction of the middle and upper thirds, had been so extensively crushed as to be only a mass of torn and bleeding fragments. The arm was amputated a few inches from the shoulder-joint, by the circular method.

3. *Tumor of Neck.* By Dr. R. M. HODGES.—This patient, a middle-aged woman, fourteen months previous, had noticed a small tumor, situated a little below the angle of the lower jaw. It was then very small, and for some time only occasionally attracting her attention, hard and movable. For some months past it has rapidly increased, and is now the size of a small orange, round and tense, the skin not reddened nor adherent, and the tumor movable and painless; to the touch, evidently fluid. A curved incision, three inches in length, was made through the integument, and the sac of the tumor was exposed. This was punctured, and the contents proved to be pus. The sac, which was strongly adherent to the surrounding parts, as was to be expected when its contents were proved to be pus, was entirely removed, but required a careful dissection, owing to its adherence to important parts beneath. The wound was closed by sutures.

4. *Tumor of Breast.* By Dr. H. J. BIGELOW.—Mrs. ——, aged 47,

had accidentally discovered, three years before, a small tumor underneath the left nipple. It was quite small. As it gave her no trouble, it excited no alarm at that time. Within the past year and a half, it has increased quite rapidly, until now it is about the size of a hen's egg, and has been the seat of pain. The nipple is strongly retracted, so as to be nearly buried beneath the surrounding skin. There is no hereditary tendency to cancer. The tumor, with the breast, was excised. There was free hæmorrhage from numerous points, but no ligatures were applied, the hæmorrhage being entirely controlled by torsion of the bleeding vessels. The glands in the vicinity were not involved. Upon section, and under the microscope, the tumor proved to be scirrhus. The mass of fat removed was large, but the breast proved to be small, being transformed into a small, thin disk of scirrhus in the centre of the fat.

5. *Harelip*. By Dr. S. Cabot.—The subject of this operation, a child 22 months old, had an extensive fissure through the lip on the left side, involving the palate; the intermaxillary did not protrude. The flaps, being freely dissected up from beneath, their edges were pared and brought together by sutures, one pin being introduced at the upper margin of the fissure.

6. *Lipoma of Back*. By Dr. H. J. Bigelow.—This patient, aged 43, noticed, three years ago, a small tumor in the back of the neck, which had been growing gradually up to the time of operation, and reached the size of a small cocoa-nut. It was situated at the junction of the cervical and dorsal regions, between the spine of the scapula and the vertebral column, over the trapezius muscle, to which the tumor proved to be adherent. Before the operation, Dr. Bigelow remarked upon the small size of the lobes of fatty tumors situated near the ligamentum nuchæ, and their close adhesion to the surrounding tissues—a remark which the dissection in this case fully justified.

7. *Fistula in Ano*. By Dr. H. J. Bigelow.—This young woman, aged 26 years, otherwise in a healthy condition, had suffered from fistula in ano for nine years, abscesses having formed without known cause in the left ischio-rectal fossa and opened just outside the margin of the anus. Numerous sinuses had remained open since, communicating with the rectum, which were freely laid open.

8. *Amputation of Toes*. By Dr. S. Cabot.—This man had had his leg amputated ten years previous, and was now suffering from gangrene of the toes of the remaining foot, following frost-bite during exposure one month previous. The great toe and two smaller toes next it were amputated.

9. *Lipoma of Shoulder*. By Dr. S. Cabot.—This patient was a married woman, aged 43. The tumor, of three years' growth, which was large and expanded, was situated upon the right shoulder, extending downwards to a level with the third rib and forwards to within one and a half inch of the median line, backwards to the spine of the scapula, overlying the supra-spinous fossa, and outwards to an inch below the acromion, painless, but causing great inconvenience by its size and weight. It was lobulated, soft and doughy to the touch. A curved incision, about four inches in length, was made over the tumor, which was easily dissected from its bed, and with little hæmorrhage, only a few vessels requiring ligature. The three cases of lipoma reported in this article were all developed in regions very com-

monly the seat of this growth—viz., neck, shoulder and back; they were all painless, soft, doughy to the touch, with the small lobes easily detected at their margins.

10. *Amputation of Leg.* By Dr. H. J. Bigelow.—This was a rare and interesting case of spontaneous gangrene of the foot, commonly known as senile gangrene, having developed itself in an otherwise healthy, robust young woman, with no apparent or assignable cause known to herself or others. The patient was married two months ago. She was attacked, the next day, with severe pain in the right foot, where a dark-colored spot soon showed itself. In about a fortnight the whole foot had become gangrenous, the line of demarcation being just below the malleoli, a superficial fissure separated the dry, gangrenous part below from the sound tissues above. The leg was amputated at its lower third, by the circular method.

11. *Nævus.* By Dr. S. Cabot.—This infant, aged ten weeks, had a nævus, about as large as a hickory nut, just below the eye on the side of the nose. It was tied by a double ligature, a sulcus being made by the knife around the tumor for the ligatures to lie in.

12. *Lipoma of Back.* By Dr. H. J. Bigelow.—This tumor, in a female aged 15, was congenital, and situated just below the inferior angle of the scapula on the right side, extending forwards towards the axilla and downwards to the lumbar region, measuring fourteen inches at its base, painless. A curved incision, a few inches in length, was made over it, and it was easily enucleated by a few strokes of the scalpel. There was very little hæmorrhage.

13. *Perineal Section.* By Dr. S. Cabot.—This patient, a middle-aged man, had been suffering from traumatic stricture of urethra for fifteen months. He was in the cavalry service through the war, and during a retreat his horse fell with him and upon him. He was taken prisoner, and sent to Belle Isle. His injury was followed by extensive swellings in the thighs, perinæum and pubic region, but no abscess formed at that time. Months afterward, he had retention of urine, followed by abscesses in the perinæum and scrotum, terminating in urinary fistulæ. His urine passes principally through these, the urethra admitting not even a capillary bougie. The first stricture was just anterior to the scrotum, and there was another behind the scrotum which was impervious to instruments, but through which the urine slowly dribbled, the whole urethra being excessively sensitive. The patient being etherized and the parts relaxed, a small grooved director was passed into the bladder, the first instrument which it had been possible to introduce. Perineal section was then performed.

14. *Caries of Ribs.* By Dr. H. J. Bigelow.—An elderly man, two years ago, had had typhoid fever, followed by an abscess in the right hypochondriac region, which opened spontaneously. The resulting sinus was found to communicate with disease of the ribs. By careful dissection, the sinuses were laid open and the diseased cartilage exposed. This was carefully separated from the subjacent pleura and removed to the extent of about an inch. The edge of a neighboring rib was also pared, the whole of the disease being thus removed.

15. *Plastic of Stump.* By Dr. S. Cabot.—This young woman, a few months before, for an anchylosis of the knee-joint, had undergone amputation of the leg just above the knee. The soft parts covering the bone seemed tense, and there was an indolent superficial ulcer.

The posterior flap being quite abundant, it was thought best to dissect the soft parts from the ends of the bones, and after excising the diseased part to plant the posterior flap further forward to supply the place of the part excised.

16. *Amputation of both Legs.* By Dr. H. J. Bigelow.—A little girl, aged 6 years, had been run over by a heavy express wagon, which rendered amputation of both legs necessary at about an inch below the knee-joint.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JANUARY 23, 1868.

NEW WAY OF MANAGING SHOULDER PRESENTATIONS.

Every practitioner in midwifery is aware that few of the malpresentations of the fœtus are attended with so much danger to the mother and child as those of the shoulder or arm. Occurring in a case where the liquor amnii has escaped, they are among the most difficult accidents to rescue the mother from, that ever present themselves to the accoucheur. The mortality where the delivery has been accomplished by the unaided efforts of the uterus is very great, and the labor is a long, very painful and dangerous one to the mother. Out of one hundred and thirty-seven children born in this way, according to Velpeau's statistics, one hundred and twenty-five were stillborn. Delivery by turning, therefore, has been the general rule of practice in these cases; but the accomplishment even of this is often very difficult and dangerous.

Dr. Edwin R. Maxson has proposed, in the *Medical and Surgical Reporter*, a new method of managing these cases that is worth the attention of all accoucheurs, which consists in the employment of Dr. T. Gaillard Thomas's postural treatment of prolapse of the umbilical cord. The cases reported by him are entirely satisfactory, so far as they go, and it is with the hope of bringing it more generally to the notice of our professional brethren that we are induced to copy a large part of Dr. Maxson's paper here.

Dr. Maxson, it seems, was consulted, in January, 1863. by a short, thick-set, robust woman, with reference to her approaching confinement, about which she felt much solicitation, as in her three previous labors the shoulder presented, and all of the children were born dead, after the operation of turning. The Doctor said all he could to encourage her, and waited the course of events. In the meantime another case prepared the way for a happy issue to the expected labor.

Soon after this I was called by an eminent practitioner, in consultation, in the case of a *prolapsed cord*, in a first confinement, there being also an *abdominal presentation*, of course, very high. The patient had been in labor five hours, and the membranes had been ruptured three hours, most of the water having drained off. To reduce or replace the cord, in this case, I placed the woman in the position first suggested, I believe, by Dr. T. G. Thomas, of New York; that is, upon her knees, with her face and shoulders down. In this position I very soon succeeded in passing the cord back into the uterine cavity. In fact, it readily slipped back, with the aid of very slight manipulations. But what impressed me most in this case was the fact that the position of the patient, during the replacement of the cord, had corrected the presentation, rendering it perfectly natural. I say the position of the patient did this, from the fact that the manipulation I resorted to, in putting back the cord, was so very slight, that I regarded the position of the patient, alone, as the cause of the very desirable result. I jogged the hips a little, however, which may have had a slight influence in correcting the presentation of the fœtus, as well as in the replacement of the cord. The labor progressed naturally thereafter, as I learned, though the child was stillborn, perhaps on account of the *time* the cord had been prolapsed.

I did not take to myself any credit for the correction of the presentation, in this case, as it was accidental and unexpected, though we were not sorry for the result, and I treasured up the fact in my mind, as well as recorded it in my notebook, from which I now draw the main facts, being determined, if possible, to turn it to account sometime, which I did in the following case, already referred to. On the 6th of February following, the husband of the lady first named came, about 10 o'clock at night, saying that his wife was confined, and asked my attendance. But as I had been up for two or three nights, I advised him to call my medical friend already referred to, with whom I held consultation in the case of prolapsed cord, saying to him, that should any difficulty arise, I would see her with him. To this he assented, and I went to rest, feeling that she had fallen into good hands, let what would come of it.

About 2 o'clock in the morning I was called by the husband, saying, the doctor would like to see me, as there *was trouble*. The doctor informed me that he had a shoulder presentation, and that the water had drained off. I examined, and found as he had stated, the arm not being down. The doctor very properly suggested turning and delivery; but added, that as the child was evidently large, it would be lost as the others had been. On a little reflection, during which I called to mind the case of mal-position with prolapsed cord, which I had so recently succeeded in correcting mainly by *position*, I suggested the *possibility* of correcting the presentation in this case by position and gentle manipulation, to which the doctor assented, saying it would do no harm, but thought it would not be successful. But feeling, as I did, a little *special* responsibility in the case, on account of having been previously consulted by the lady, I resolved, with the doctor's consent, to make the effort, which I did in the following manner:

I had her get upon her knees, on pillows, upon the bed, so as to raise her hips up well from the bed, her chest and face lying flat upon the bed, fetching the back at an angle with it, of about forty-five degrees, the knees being a little apart; I then passed my hand, well smeared with lard, into the vagina, and with scarcely any effort, and without the least complaint or evidence of uneasiness on the part of the patient, crowded back, and, of course, *down*, in her position, the shoulder, and slipping my hand between the brim of the pelvis and the fœtal head, I spread out my fingers and brought or directed it, during a pain, to the superior strait; and then, retaining the grasp, we had her turn her hips down carefully upon her left side on the bed; when, after a pain or two, the head engaged in the superior strait, and we had a perfectly natural presentation, without having used the least violence, or apparently caused any pain or uneasiness to the patient; and all accomplished, I should judge, within from five to ten minutes.

The doctor being satisfied with the presentation, I left about 3 o'clock, A.M., and learned from him that the labor progressed favorably, and terminated at 9, A.M., or about six hours after I had left, the child being a fine plump boy, of ten pounds, alive and well.

Now, the ease with which the hand is passed into the vagina and uterus, with the patient in this position, is wonderful, and will surprise any one that has never made the effort.

I have delayed reporting this case, except in the Ontario County Medical Society, up to this time, thinking that other cases might present themselves to me whereby I might more fully test this method of proceeding in shoulder presentations. Such, however, has not been the case; and thinking possibly, that I might not meet with other cases, I concluded to thus make a plain statement of the facts which led me to this experiment; and also my firm conviction, from the result of this case, and from philosophic reasoning, that with this *position* there need generally be no difficulty in thus converting a *shoulder presentation* into a *natural* one, and that, too, without necessarily subjecting the woman to any danger, from the slight manipulation required, or to scarcely inconvenience even, thus rendering the life of both mother and child so much more secure than they can possibly be by turning and delivery in the usual way, however skilfully it may be performed. What I claim to have *discovered* in this method, is the availability of the position suggested by Dr. T. G. Thomas for replacement of the prolapsed cord, in the conversion of *shoulder* into *natural* presentations.

It is not pretended that this can be accomplished in all stages of labor or conditions of the parts. But that in all *conditions* of the parts, and *stages* of labor, admitting of turning and delivery, the presentation may be thus corrected, with much less difficulty, and with far more *safety to mother and child.* In fact, no danger need be incurred in the effort required to thus correct a shoulder presentation, while, to say nothing of the danger of lacerating the uterus in turning, all obstetricians are aware of the danger attending cases in which the feet present or are brought down, as in turning, from pressure of the head on the umbilical vein and arteries, before its expulsion, producing, in many cases, the death of the child from apnœa. For the greater *safety of mother and child,* then, I suggest a trial of this course of proceeding in shoulder presentations. And while I do not believe it can be accomplished without the *position,* which really does most of it, I am confident, that with prudence and the exercise of common sense, no one need fail, with the aid of the position, in any case, stage or condition of labor, that would admit of turning and delivery. And though the cases referred to may not be sufficient to establish this course of proceeding in shoulder presentations, I do claim, that as the principles are purely philosophical, further *trial* is warranted, which may reject or establish the *rule.*

These two cases are hardly sufficient to generalize from, but the happy result in them cannot fail to lead to a repetition of Dr. Maxson's experiment by intelligent and conscientious practitioners before resorting to the doubtful operation of turning. It is quite probable that in some instances the uterine contractions may present a very serious obstacle to the change of position by the postural treatment. In such cases full anæsthesia could hardly fail to remove the difficulty, although under the circumstances of position it would add an element of difficulty to the operation.

Nitrous Oxide as an Anæsthetic in Surgery.—In the first number of the *Continental Gazette,* the new American newspaper just started in Paris, we find an account of the removal of a cancerous breast, by Dr. Marion Sims, in which nitrous oxide was used as the anæsthetic, with entire success. The patient was sixty years of age, rather stout, and of lymphatic temperament. Anæsthesia was produced in two minutes, and was kept up for sixteen minutes longer. In less than one minute after inhalation ceased, consciousness was complete. There was no nausea or vomiting. The account states that—

After the patient was first made insensible, she was allowed to breathe some air with the gas, and was thus *returned to semi-consciousness,* and continued in this condition during the entire operation. She declared, after the operation, that while inhaling the gas, she could see Dr. Colton and Dr. Evans (who administered it), but felt no pain, though she experienced a kind of "pushing sensation."

There were present to witness the operation Baron Larrey, Surgeon-in-chief to the Army; Sir Joseph Oliffe, physician to the British Embassy; Dr. Pratt; Dr. Vanzandt; Dr. Pope, of St. Louis; Dr. Stearns, of Boston, U. S.; and some others of note, all of whom united with Dr. Sims in expression of surprise and delight at the operations of this new anæsthetic agent. This was, perhaps, one of the operations where the patient was kept insensible for the greatest length of time with the gas, and it certainly proved eminently successful.

Some weeks since, we published a statement of Dr. Hingston, of Montreal, made at the International Medical Conference, and published in the *Union Médicale,* to the effect that the French Canadians consume large quantities of animal food, "two or three pounds of pork daily," and are much more healthy and vigorous than the English Canadians, the latter being much more subject to pulmonary diseases, while among the former diseases of the digestive organs predominate. The *Canada Medical Journal* contradicts this statement in most positive terms, and says:—

> Comment on this point is unnecessary, as those acquainted with the facts as they stand are fully aware that the Canadian population of English, Irish, and Scotch descent are universally superior in physique and appearance to those of their French Canadian fellow colonists. We cannot agree with the Doctor in the other point at issue, viz., that pulmonary diseases are more frequent among the British and less so among the French population, as from experience we hold that diseases of the lungs are quite as prevalent with the one class as with the other. We only refer to this subject because we cannot allow a question having such important bearings on the salubrious character of our country to go unchallenged.

A Hard Case.—A recent paper by Professor Laycock, on Jury Trials and Insanity, published in the *Edinburgh Medical Journal,* contains the following:—

> Dr. Henry Pearson, a medical practitioner at Ely, was tried at the Cambridge Assizes in March last, on a charge of feloniously poisoning, by means of strychnine, two valuable horses, and convicted. No motive for the crime was discovered. In a letter published in the *British Medical Journal* for 7th of December, Dr. G. B. Mead calls the attention of the profession to this case, as being a "fearfully terrible miscarriage of justice." Dr. Pearson's name was erased from the medical register. The sentence passed upon him was equivalent to death by slow torture, for his health is irretrievably broken down. It appears that in Ely, some time previously, a number of domestic animals had been found dead, which had been secretly poisoned. Detectives were employed in consequence of the panic which arose, and Dr. Pearson was, in Dr. Mead's opinion, made the victim of it. The evidence against him was entirely circumstantial, and so manifestly inaccurate as to the facts, that it seemed hardly possible a jury could convict. Dr. Pearson protested his innocence, and courted every inquiry; but it appears that his friends (?) considered whether he should plead absolute innocence or insanity, the latter plea being, of course, an acknowledgment of the crime. By this false step they virtually concurred with popular prejudice against him, and (as it appears) on no other grounds than that his previous conduct had been marked by considerable eccentricity. It appears, too, that Dr. Pearson's counsel failed in his duty. He took no account of the prejudices raised against Dr. Pearson by the mysterious poisonings, and relied so entirely upon the manifest defects in the evidence for the prosecution for an acquittal, as to decline calling in the witnesses in defence. A conviction was the result. Dr. Pearson is expected to die, and will leave a family of four innocent children behind him. It is worthy of note that the mysterious poisonings at Ely still go on.

Apparent changes of sex about the time of puberty, due probably to previous defective development, are not very uncommon, and many physicians have seen such cases. An excessive demand, however, is made upon our credulity by a story, apparently told in good faith, and with circumstantial minuteness, which originated in the *La Crosse Democrat,* and has been copied into some of our city papers. The story is, in brief, as follows:—A young lady, a music teacher, was married in 1862, and was the mother of one child. At the expiration of two years, however, she showed symptoms of change of sex in the roughening of the voice, growth of whiskers, and other more indisputable physical changes. The husband and wife accordingly separated, and after a year, the former wife married a young lady who had once been a pupil of hers, and has now children. Such is the story that is put out for the public to believe. Doubtless the person who tells it believes it, and it simply illustrates the loose evidence upon medical subjects that is accepted as conclusive by the laity. To the child of the second marriage might be applied with especial point the proverb, "'Tis a wise child that knows its own father."—*N. Y. Medical Gazette.*

Appointments at the Massachusetts General Hospital.—The following gentlemen have been appointed House Pupils in the Massachusetts General Hospital for the current year:—Edward N. Whittier and Charles P. Putnam in the medical wards. Henry Hooper, Jr., B. B. Kent, Jr., F. G. Morrill, Ira St. C. Smith in the surgical wards.

New Hospital.—The city of Rochester, New York, has a new hospital, which is evidently a credit to the country. It is complete in all its arrangements, as we judge from an account of it in "*The Hospital Review*, a journal devoted to the interests of the sick and suffering at the Rochester City Hospital." There is a surgical, medical, lying-in, and eye and ear department.—*Medical Record.*

Dr. Guillan, who was lately called in by Napoleon, declined any fee, saying that "the honor was sufficient for him." However, $2,000 were sent to him; but he made a present of the whole amount to the Academy of Medicine.—*Ibid.*

The Society for the Prevention of Cruelty to Animals (London) has voted twenty-five pounds to the Richardson testimonial fund, in consideration of his discovery of the method of producing local anæsthesia

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, January 18th, 1868.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - - -	47	61	108
Ave. mortality of corresponding weeks for ten years, 1856—1866	45.1	42.4	87.5
Average corrected to increased population - - - - -	00	00	90.4
Deaths of persons above 90 - - - - - - - - -	0	0	0

Erratum.—On page 509, in the article entitled "Our Catarrhal Holiday," for "manifested" read *shown.*

Pamphlets Received.—Alphabetical List of Persons Deceased, Born and Married, in the City of Providence during the year 1866. Prepared by Edwin M. Snow, M.D., City Registrar.—Thirteenth Annual Report of the Board of Trustees and Officers of the Southern Lunatic Asylum, for the year 1867. Richard Gundry, M.D., Superintendent.—Superintendent's Report to the Board of Trustees of the New York State Inebriate Asylum. Albert Day, M.D., Superintendent and Physician.

Deaths in Boston for the week ending Saturday noon, Jan. 18th, 108. Males, 47—Females, 61. Apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 2—bronchitis, 4—cancer, 1—canker, 1—consumption, 10—convulsions, 3—croup, 1—diarrhœa, 1—diphtheria, 3—dropsy, 2—dropsy of the brain, 5—drowned, 1—dysentery, 1—scarlet fever, 16—hæmorrhage, 1—hernia, 1—infantile disease, 8—intemperance, 1—disease of the kidneys, 1—disease of the liver, 1—congestion of the lungs, 3—inflammation of the lungs, 13—marasmus, 4—measles, 1—paralysis, 1—phlegmasia dolens, 1—pleurisy, 2—premature birth, 2—puerperal disease, 3—small-pox, 1—suicide, 1—thrush, 1—unknown, 5—wound, 1.

Under 5 years of age, 59—between 5 and 20 years, 17—between 20 and 40 years, 15—between 40 and 60 years, 8—above 60 years, 9. Born in the United States, 88—Ireland, 11—other places, 9.